



Mental Health Services Act Prevention & Early Intervention



Prevention and Early Intervention Survey Results, 2007



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Presentation Overview

➤ 30 minute presentation

➤ Survey Topics:

Demographics

Priority Populations

Outcomes

Types of Trauma

PEI Strategies

Barriers to Mental Health Services

Summary

➤ Outcomes:

- 1) Who are the survey respondents
- 2) Identify most common PEI strategies
- 3) Understand main barriers to mental health services
- 4) Identify top reported PEI outcomes



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Background

In the months of November and December 2007, BHCS surveyed **1,083** residents countywide to gather their thoughts and opinions around different types of strategies in order to help identify and prioritize the prevention and early intervention *needs* and *solutions* for Alameda County.

The results from this survey are highlighted in this presentation.





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Survey Demographics

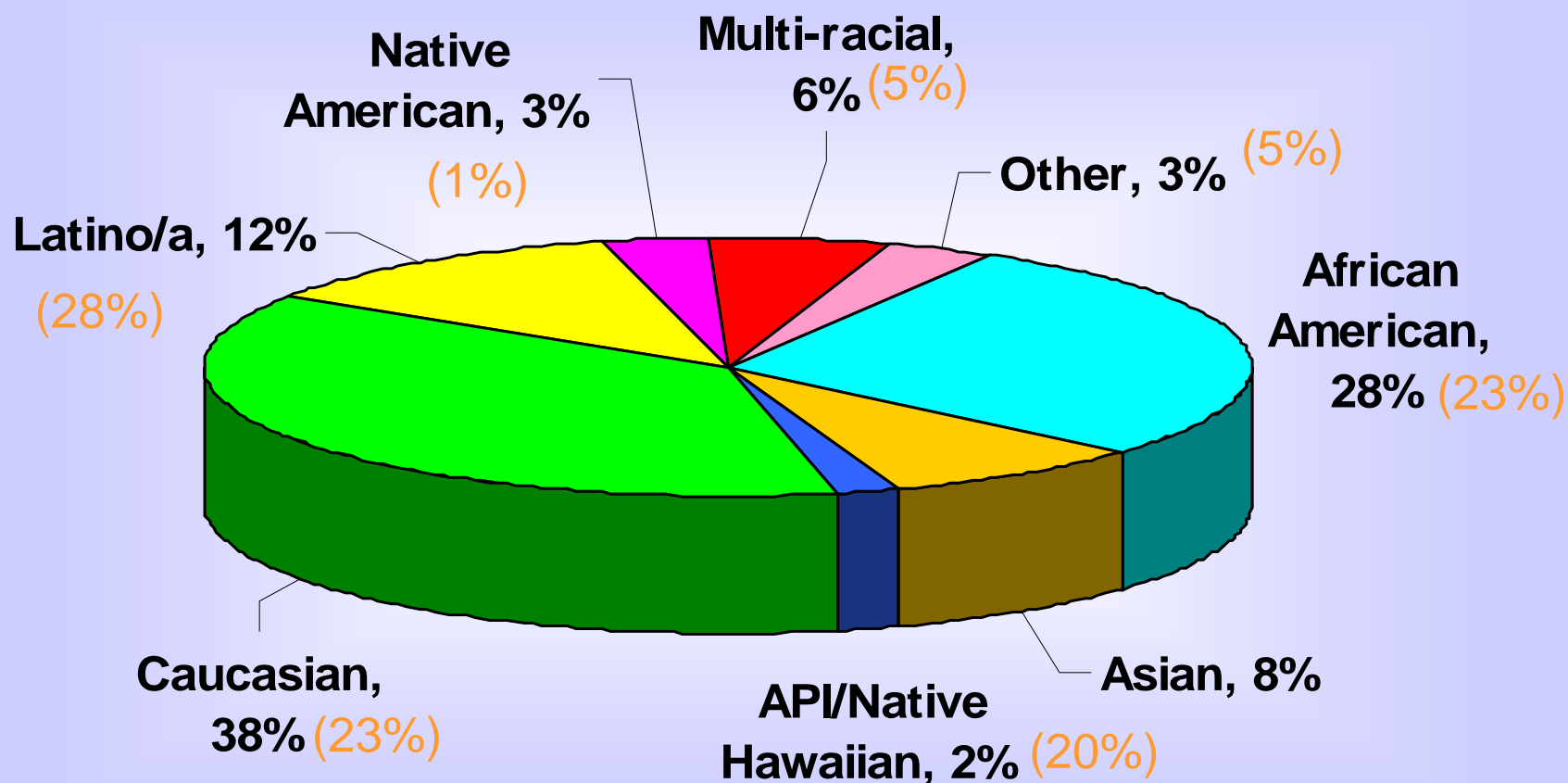
- **Total Survey Sample Size: 1083**
 - 457 surveys were completed online
 - 626 surveys were completed using the paper version
- **Surveys were administered through:**
 - all eight community input meetings;
 - 25 focus groups; and
 - a number of other sites such as churches, the Meals on Wheels Program, Mental Health program sites, etc.
- **Majority of Respondents were Adults: 25-59 yrs**
- **Gender:** 29% male 71% female 1% other





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Ethnicity of Respondents, N=958

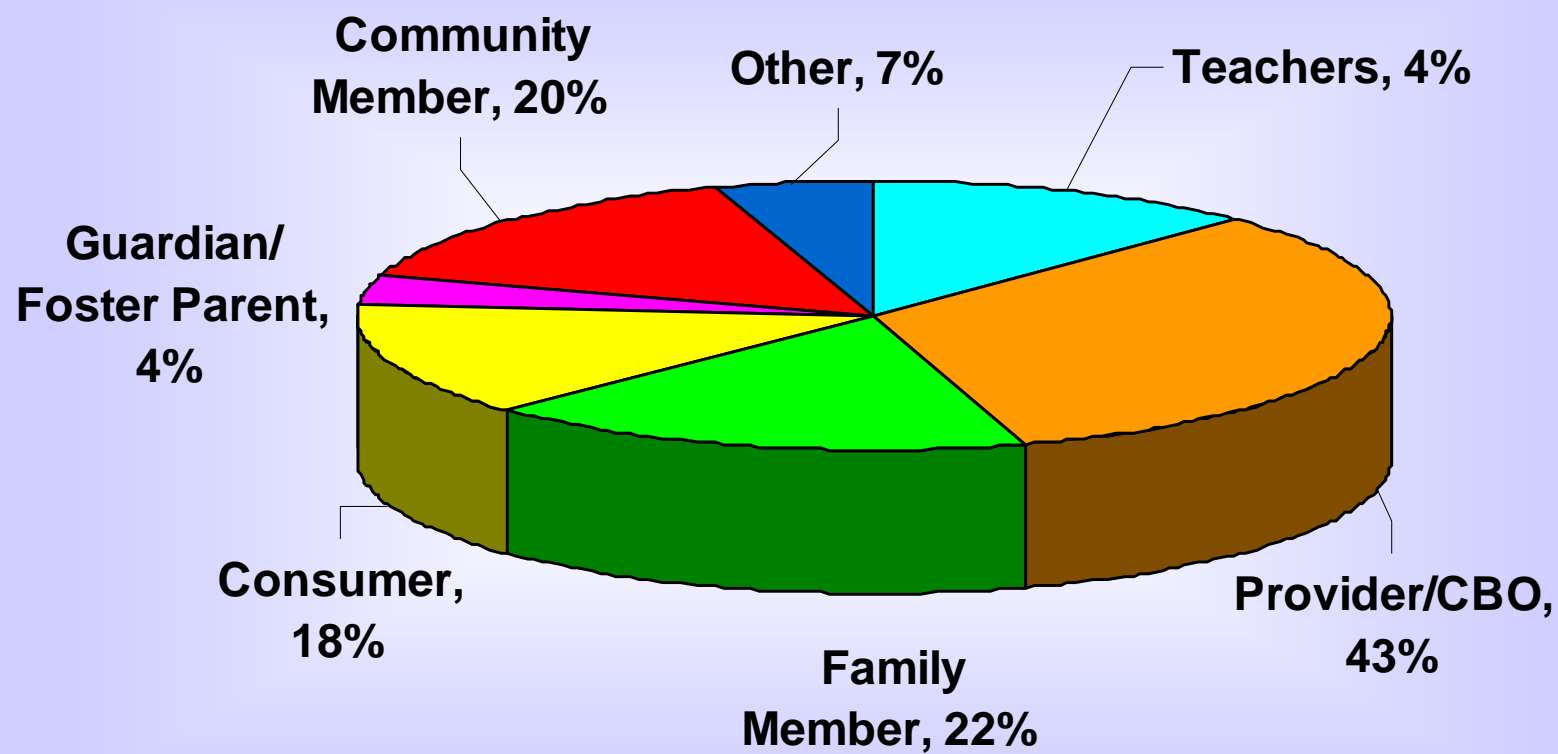


Numbers in **orange** represent the percentage of households earning At or Below 200% of the Federal Poverty Level by Ethnicity



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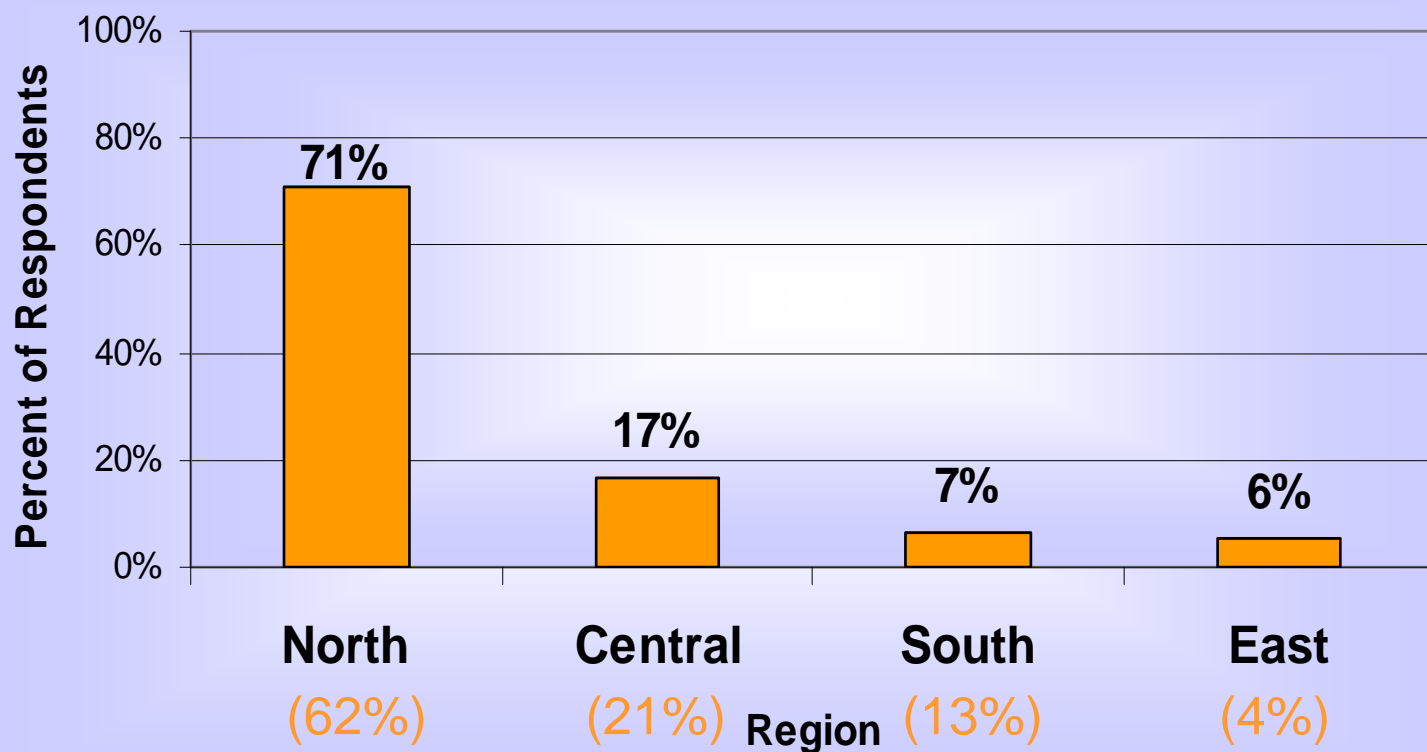
Who do Survey Respondents Represent?





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Where Survey Respondents Live or Work, N=781



North: Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont

Central: Ashland, Castro Valley, Fairview, Cherryland, Hayward, San Leandro, San Lorenzo

South: Fremont, Newark, Union City

East: Dublin, Livermore, Pleasanton, Sunol

Numbers in orange represent the percentage of households earning At or Below 200% of the Federal Poverty Level by Region



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Survey Results

Results have been broken down into five categories:

- Overall responses;
- Consumers;
- Family Members;
- Providers; and
- Community Members.



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Top Five Reported Outcomes

Outcomes	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Reduced violence (in home and community)	1	1	5	1	1
Increased ease in accessing MH services	2	2	2	2	2
Reduced incidence of suicide	3	3	1	5	4
Improved parenting knowledge and skills	4	4	3	3	3
Reduced family stress (including caregiver stress)	5	5	4	4	5



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PEI Strategies



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Underserved Cultural Populations

- Provide services in locations that are easily accessible by public transportation
- Offer services in locations where cultural, ethnic and other groups normally meet (churches, Native American Health Centers, etc.)
- Provide services during evenings and weekends
- Sponsor self-help or support groups run by consumers, family, or special needs groups
- Services and printed materials are available in multiple languages
- Services are tailored to an individual's culture and/or language



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Top Strategies to Serve Underserved Cultural Populations

Strategies	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Provide services in locations that are easily accessible by public transportation	1	1	1	1	1
Offer services in locations where cultural, ethnic and other groups normally meet (churches, Native American Health Centers, etc.)	2	2	2	2	3
Provide services during evenings and weekends	3	3	3	3	2

O=Overall, C=Consumer, FM=Family Member, P=Provider CM=Community Member



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Individuals Experiencing Early Signs of Mental Health Issues

- Provide education and support services at community centers, churches, and other community settings
- Train law enforcement, social services, courts, and colleges
- Make education and resource information available and easy to access
- Offer peer/support groups
- Offer support and education run by clients/family members/parents and advocates
- Offer education to family doctors



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Top Strategies to Serve Individuals Experiencing Early Signs of Mental Health Issues

Strategies	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Provide education and support services at community centers, churches, and other community settings	1	1	1	1	2
Train law enforcement, social services, courts, and colleges	2	2	2	2	1
Make education and resource information available and easy to access	3	3	4	3	3
Offer peer/support groups	4	4	3	4	4



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Stigma and Discrimination

- Conduct Media Campaigns (radio, tv ads, billboard/bus ads, videos, films, brochures)
- Provide community education and outreach by consumers
- Provide community education (classes, workshops)
- Provide direct contact between consumers and key groups, i.e. landlords, employers, etc.



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Top Strategies to Prevent Stigma and Discrimination

Strategies	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Provide community education (classes, workshops)	1	2	1	1	1
Provide community education and outreach by consumers	2	1	2	2	3
Conduct Media Campaigns (radio, tv ads, billboard/bus ads, videos, films, brochures)	3	4	4	3	2
Provide direct contact between consumers and key groups, i.e. landlords, employers, etc.	4	3	2	4	4



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Suicide Prevention

- Make information about 24 hour hotlines more accessible
- Make resources and referral information easy to access (for the community, doctors/other health professionals gun shops, etc.)
- Train school/teachers to recognize the signs of suicide risks
- Create or expand trained crisis intervention networks in our communities
- Train law enforcement, social services, courts, and colleges
- Create a trained consumer support network for survivors
- Offer education to family doctors or other primary care providers



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Top Suicide Prevention Strategies

Strategies	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Train school/teachers to recognize the signs of suicide risks	1	3	1	2	1
Make information about 24 hour hotlines more accessible	2	1	2	3	2
Make resources and referral information easy to access (for the community, doctors/other health professionals, etc.)	3	2	3	1	3
Create or expand trained crisis intervention networks in our communities	4	5	5	4	4
Train law enforcement, social services, courts, and colleges	5	4	4	5	5



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Children/Youth in Stressed Families

- Provide support for families in crisis or under stress that is easy to access
- Offer parent support groups or classes
- Offer services that follow the child and family through different environments, e.g. school, home, community
- Make educational and referral resource information available and easy to access
- Provide education and support services at community centers, churches, and other community settings
- Offer education to family doctors or other primary care providers



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Top Strategies to Serve Children/Youth in Stressed Families

Strategies	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Provide support for families in crisis or under stress that is easy to access	1	1	1	1	1
Offer parent support groups or classes	3	3	2	2	2
Offer services that follow the child and family through different environments, e.g. school, home, community	2	4	3	3	3
Make educational and referral resource information available and easy to access	4	2	4	4	4

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Children/Youth at-Risk for School Failure

- Offer training to teachers and school staff on early recognition and response to mental health issues
- Provide more in-school counseling services for youth
- Offer programs for youth and families that help build problem solving and conflict resolution skills
- Offer services that follow the child and family through different environments, e.g. school, home, community
- Provide more after school programming for youth
- Create opportunities that encourage family involvement
- Offer family support groups/training
- Provide gender specific services for youth
- Develop school-based resources in multiple languages for families
- Offer resource & referral information to schools, pre-schools, and child care providers



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Top Strategies to Serve Children/Youth at-Risk for School Failure

Strategies	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Offer training to teachers and school staff on early recognition and response to mental health issues	1	1	1	2	1
Provide more in-school counseling services for youth	2	3	2	1	3
Offer programs for youth and families that help build problem solving and conflict resolution skills	3	2	3	3	2

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Children at-Risk of Juvenile Justice Involvement

- Provide more in-school counseling services for youth
- Offer training to teachers and school staff on early recognition and response to mental health issues
- Provide training to law enforcement, social services, courts, etc. about mental health issues
- Provide more after school programming for youth
- Offer programs for youth and families that help build skills in problem solving and conflict resolution
- Make education and resource information available and easy to access
- Collaborate with law enforcement to implement programs to address this population
- Provide outreach and education to “at risk” communities to form partnerships/community networks



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Top Strategies to Serve Children at-Risk of Juvenile Justice Involvement

Strategies	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Provide more in-school counseling services for youth	1	--	2	1	3
Offer training to teachers and school staff on early recognition and response to mental health issues	2	2	1	2	2
Provide training to law enforcement, social services, courts, etc. about mental health issues	5	1	3	5	1
Provide more after school programming for youth	3	5	4	3	4
Collaborate with law enforcement to implement programs to address this population	--	3	--	--	--
Offer programs for youth and families that help build skills in problem solving and conflict resolution	4	4	5	4	5

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Top Five Reported Barriers to Mental Health Services

Barriers	O N=1083	C N=195	FM N=243	P N=231	CM N=283
Homelessness	1	1	1	1	1
Too much 'red tape', forms, waiting lists	2	3	2	5	2
Lack of awareness that services are available	3	4	3	2	3
Embarrassment, stigma or discrimination	4	2	4	4	4
Social Isolation	5	5	5	3	5

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Other Strategies

- Elder specific services
- Services provided at School-based Health Centers
- Integrating PEI services with primary care
- Home-based services
- Provide transportation and childcare
- Enhance multi-lingual crisis services
- Develop educational/outreach materials that describe the wide variety of mental health symptoms
- Create community and leadership
- Fund alternative types of PEI services like art, dance, martial arts, etc.
- Outreach at community functions like farmer's markets, festivals, etc.
- Provide PEI services for the deaf and produce materials in Braille
- Involve public libraries
- Peer counseling classes for youth



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Summary

The PEI survey captured the thoughts and opinions of a *diverse audience*.

Three common types of strategies emerged from the survey results:

Services
Training/Education
Information

•Services

- Located in community where groups already meet, i.e. community centers, churches, and other community settings.
- Easy to access (time and location)
- Services that follow the child or family
- In-school counseling services for youth
- Services to increase problem solving and conflict resolution skills
- Support groups/classes
- After school programming for youth



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- **Training/Education**

- Law enforcement, social services, courts, and colleges on mental health issues
- Teachers and school staff around early recognition and response to mental health issues
- Classes/workshops targeted at the general community around mental health

- **Information**

- Community needs to be aware of services
- Available and easy to access
- Multiple languages including Braille



Reduced violence

Increased ease in accessing mental health services

Reduced incidence of suicide

Improved parenting knowledge and skills

Reduced family stress (including caregiver stress)



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Questions
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